INTERNET FORM NLRB-508 (2-08)

### FORM EXEMPT UNDER 44 U.S.C 3512

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

## **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

| DO NOT WRITE IN THIS SPACE |                     |  |  |
|----------------------------|---------------------|--|--|
| Case<br>31-CB-192727       | Date Filed 2/7/2017 |  |  |

| INSTRUCTIONS: File an original with NLRB Regional Director for the  | region in which the alleged u    | nfair labor p                 | oractice occurr               | ed or is occurring.                             |  |  |
|---|----------------------------------|-------------------------------|-------------------------------|---|--|--|
| LABOR ORGANIZATION OR ITS   | S AGENTS AGAINST WHICH           | CHARGE                        | IS BROUGHT                    |   |  |  |
| a. Name   |                                  | b. Union F                    | Representative                | to contact                                      |  |  |
| 1) International Alliance of Theatrical Stage Employees (IATSE)   |                                  |                               | Michael F. Miller (IATSE)     |   |  |  |
| 2) IATSE, Local 871   |                                  | Leslie S                      | Simon (Loca                   | l 871)  |  |  |
|   |                                  | ·                             |                               |   |  |  |
| c. Address (Street, city, state, and ZIP code)  10045 Riverside Drive Toluca Lake, CA 91602 (IATSE West Coast address)  |                                  | d. Tel. No.<br>(818)-980-3499 |                               | e. Cell No.                                     |  |  |
| 4011 W. Magnolia Blvd., Burbank, CA 91505 (Local 871  |                                  | f. Fax No.                    |                               | g. e-Mail                                       |  |  |
| 4011 VV. Magnolia Bivu., Bulbank, CA 91303 (Eccar 671   | address                          | (818)98                       | 0-3496                        | lestie@ialocal871.org<br>mmiller@iatse-intl.com |  |  |
| h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (list subsections) (3) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. |                                  |                               |                               |   |  |  |
| 2. Basis of the Charge (set forth a clear and concise statement of the  | e facts constituting the alleged | d unfair labo                 | or practices)                 |   |  |  |
| Within the last six (6) months, the above named parties   |                                  |                               |                               | uired by the Act,                               |  |  |
| including but not limited to failing to provide information   | •                                | _                             |                               | -   |  |  |
|   | •                                |                               |                               |   |  |  |
|   |                                  |                               |                               |   |  |  |
|   |                                  |                               |                               |   |  |  |
|   |                                  |                               |                               |   |  |  |
|   |                                  |                               |                               |   |  |  |
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|   |                                  |                               |                               |   |  |  |
|   |                                  |                               |                               |   |  |  |
|   |                                  |                               |                               |   |  |  |
| 3. Name of Employer   |                                  | 4a. Tel. No.                  |                               | b. Cell No.                                     |  |  |
| Radical Media, LLC  |                                  | (212) 462-1500                |                               | d - M-3   |  |  |
|   |                                  | c. Fax No.                    |                               | d. e-Mail<br>shannon@radicalmedia.com           |  |  |
|   |                                  |                               |                               |   |  |  |
| 5. Location of plant involved (street, city, state and ZIP code)  |                                  | -                             |                               | er representative to contact                    |  |  |
| 1630 12th St, Santa Monica, CA 90404  |                                  | Cathy Shannon                 |                               | Shannon   |  |  |
|   |                                  |                               |                               |   |  |  |
| 7. Type of establishment (factory, mine, wholesaler, etc.)  | 8. Identify principal product    |                               |                               | er of workers employed                          |  |  |
| Commercial Production Company   | Television Commercial            |                               | 96                            |   |  |  |
| 10. Full name of party filing charge  |                                  | 11a. Tel. f                   |                               | b. Cell No.                                     |  |  |
| Radical Media, LLC  |                                  | (212) 462-1500                |                               |   |  |  |
|   |                                  | c. Fax No                     |                               | d. e-Mail                                       |  |  |
| 11. Address of party filing charge (street, city, state and ZIP code.)  |                                  |                               |                               |   |  |  |
| 435 Hudson St, New York, NY 10014   |                                  |                               |                               |   |  |  |
|   |                                  |                               | al No                         |   |  |  |
| declare that I have read the above charge and that the statements therein are true to the best of my knowledge and believed.  |                                  | f. Tel. No. (310) 284-3777    |                               |   |  |  |
| Scott Witlin, Attorney  |                                  | Cell No. (240) 026 7740       |                               |   |  |  |
| (signature of representative or person making charge) (Print/type name and title or office, if an   |                                  | (310) 936-7719                |                               |   |  |  |
| •   |                                  | Fax No.<br>(310) 284-3894     |                               |   |  |  |
| Barnes & Thornburg, 2029 Century Park East, Suite 300,  |                                  |                               | e-Mail scott.witlin@btlaw.com |   |  |  |
| Address Los Angeles, CA 90067 (date) 2/2/20   |                                  |                               |                               |   |  |  |
|   |                                  |                               |                               |   |  |  |

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD



Agency Website: www.nlrb.gov Telephone: (310)235-7351 Fax: (310)235-7420 Download NLRB Mobile App

February 9, 2017

Michael F. Miller, International Vice President - IATSE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES (IATSE) 10045 Riverside Dr. Toluca, CA 91502-

Leslie Simon, Business Representative IATSE, Local 871 4011 W Magnolia Blvd Burbank, CA 91505-2833

**REGION 31** 

11500 W Olympic Blvd Suite 600

Los Angeles, CA 90064-1753

Re: 1) International Alliance of Theatrical Stage

Employees 2) IATSE, Local 871 (Radical

Media, LLC)

Case 31-CB-192727

Dear Mr. Miller & Ms. Simon:

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Field Examiner Angelica Blanco whose telephone number is (310) 307-7326. If this Board agent is not available, you may contact Supervisory Field Examiner Danielle Pierce whose telephone number is (310) 307-7302.

<u>Right to Representation</u>: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, <u>www.nlrb.gov</u>, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

<u>Presentation of Your Evidence</u>: We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as

1) International Alliance of Theatrical Stage - 2 - Employees 2) IATSE, Local 871 (Radical Media, LLC)
Case 31-CB-192727

possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

We will not honor any request to place limitations on our use of position statements or evidence beyond those prescribed by the Freedom of Information Act and the Federal Records Act. Thus, we will not honor any claim of confidentiality except as provided by Exemption 4 of FOIA, 5 U.S.C. Sec. 552(b)(4), and any material you submit may be introduced as evidence at any hearing before an administrative law judge. We are also required by the Federal Records Act to keep copies of documents gathered in our investigation for some years after a case closes. Further, the Freedom of Information Act may require that we disclose such records in closed cases upon request, unless there is an applicable exemption. Examples of those exemptions are those that protect confidential financial information or personal privacy interests.

<u>Procedures:</u> We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website, <u>www.nlrb.gov</u>. However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, <a href="www.nlrb.gov">www.nlrb.gov</a> or from an NLRB office upon your request. NLRB Form 4541 offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

Mori Rubin

Mori Rubin Regional Director

Enclosure: Copy of Charge



## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD



REGION 31 11500 W Olympic Blvd Suite 600 Los Angeles, CA 90064-1753 Agency Website: www.nlrb.gov Telephone: (310)235-7351 Fax: (310)235-7420 Download NLRB Mobile App

February 9, 2017

Scott Witlin, Attorney at Law BARNES & THORNBURG LLP 435 Hudson St New York, NY 10014-3941

Re: 1) International Alliance of Theatrical Stage Employees 2) IATSE, Local 871 (Radical Media, LLC) Case 31-CB-192727

Dear Mr. Witlin:

The charge that you filed in this case on February 07, 2017 has been docketed as case number 31-CB-192727. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Field Examiner Angelica Blanco whose telephone number is (310) 307-7326. If this Board agent is not available, you may contact Supervisory Field Examiner Danielle Pierce whose telephone number is (310) 307-7302.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701*, *Notice of Appearance*. This form is available on our Website, <a href="www.nlrb.gov">www.nlrb.gov</a>, or at the Regional office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

<u>Presentation of Your Evidence</u>: As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.

1) International Alliance of Theatrical Stage - 2 - Employees 2) IATSE, Local 871 (Radical Media, LLC)
Case 31-CB-192727

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

<u>Procedures:</u> We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website, <u>www.nlrb.gov</u>. However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, <a href="www.nlrb.gov">www.nlrb.gov</a> or from the Regional Office upon your request. NLRB Form 4541, Investigative Procedures offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

Mori Rubin Regional Director

Mori Rubin

Enclosure: Commerce Questionnaire

cc: Cathy Shannon RADICAL MEDIA, LLC 1630 12th St Santa Monica, CA 90404-3710

> Cathy Shannon Radical Media, LLC 435 Hudson Street New York, NY 10014

| Revised 3/21/2011  | NATIONAL I                      | LABOR RELATIONS           | BOARD                             |                     |     |    |
|--|---------------------------------|---------------------------|-----------------------------------|---------------------|-----|----|
| QL   | JESTIONNAIRE ON                 | COMMERCE IN               | IFORMATION                        |                     |     |    |
| Please read carefully, answer all applicable ite   | ms, and return to the NLRB      | Office. If additional spa | ce is required, please add a page |                     |     |    |
| CASE NAME  |                                 |                           |                                   | CASE NUMBER         |     |    |
| 1 PVACE LEGAL TITLE OF EVENTS  | (A C1 1 1d C) ( 1)              |                           |                                   | 31-CB-192727        |     |    |
| 1. EXACT LEGAL TITLE OF ENTITY   | As filed with State and/or      | stated in legal docum     | ents forming entity)              |                     |     |    |
|  |                                 |                           |                                   |                     |     |    |
| 2. TYPE OF ENTITY  |                                 |                           |                                   |                     |     |    |
| [] CORPORATION [] LLC [] I   | LP [ ] PARTNERSH                | IP [ ] SOLE PROP          | PRIETORSHIP [ ] OTHER             | R (Specify)         |     |    |
| 3. IF A CORPORATION or LLC   |                                 |                           |                                   |                     |     |    |
| A. STATE OF INCORPORATION  | B. NAME, ADDRESS, A             | AND RELATIONSHIP          | (e.g. parent, subsidiary) OF AL   | L RELATED ENTITIES  |     |    |
| OR FORMATION   |                                 |                           |                                   |                     |     |    |
| 4. IF AN LLC OR ANY TYPE OF PART   | TNERSHIP, FULL NAME             | E AND ADDRESS OF          | ALL MEMBERS OR PART               | NERS                |     |    |
|  |                                 |                           |                                   |                     |     |    |
| 5. IF A SOLE PROPRIETORSHIP, FUI   | I. NAME AND ADDRES              | S OF PROPRIETOR           |                                   |                     |     |    |
| 3. If A SOLE TROTALETORSHIT, TO  | SE MANUEL MANUEL STREET         | SOFTKOTKETOK              |                                   |                     |     |    |
| 6. BRIEFLY DESCRIBE THE NATURE   | OF VOUR OPERATION               | NS (Products handled o    | or manufactured or nature of se   | prvices performed)  |     |    |
| o. Briefel Beschibe The Willer   | or rock of Electric             | 115 (2 / Ouncis manaieu c | manajaciarea, or natare of se     | rvices perjormen).  |     |    |
|  |                                 |                           |                                   |                     |     |    |
| 7. A. PRINCIPAL LOCATION:  | В.                              | BRANCH LOCATIO            | ONS:                              |                     |     |    |
|  |                                 |                           |                                   |                     |     |    |
| 8. NUMBER OF PEOPLE PRESENTLY  | Z EMPLOYED                      |                           |                                   |                     |     |    |
| A. Total:  | B. At the address in            | volved in this matter:    |                                   |                     |     |    |
| 9. DURING THE MOST RECENT (Che   | ck appropriate box): [ ] C      | ALENDAR YR []]            | 12 MONTHS or [ ] FISCA            | L YR (FY dates      |     | )  |
|  |                                 |                           |                                   |                     | YES | NO |
| A. Did you <b>provide</b> services valued in   | excess of \$50,000 direct       | ly to customers outsi     | de your State? If no, indica      | te actual value.    |     |    |
| B. If you answered no to 9A, did you p   | norde compact relact            | n areass of \$50,000      | ta austamars in yayr Stata y      | the surphesed seeds | 1   |    |
| valued in excess of \$50,000 from di   |                                 |                           |                                   |                     |     |    |
| \$   | rectly outside your state       | ! II no, maleate the      | value of any such service         | es you provided.    |     |    |
| C. If you answered no to 9A and 9B, did  | l you <b>provide services</b> v | alued in excess of \$5    | 50,000 to public utilities, trai  | nsit systems,       |     |    |
| newspapers, health care institutions,  |                                 | ommercial buildings,      | , educational institutions, or    | retail concerns? If |     |    |
| less than \$50,000, indicate amount.   |                                 |                           | '1                                | <b>***</b>          | 1   |    |
| D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate   |                                 |                           |                                   |                     |     |    |
| amount. \$  E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who   |                                 |                           |                                   |                     |     | -  |
| purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount.   |                                 |                           |                                   |                     |     |    |
| \$   |                                 |                           |                                   |                     |     |    |
| F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate   |                                 |                           |                                   |                     |     |    |
| amount. \$   |                                 |                           |                                   |                     |     |    |
| G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ |                                 |                           |                                   |                     |     |    |
| H. Gross Revenues from all sales or performance of services (Check the largest amount)   |                                 |                           |                                   |                     |     |    |
| [] \$100,000 [] \$250,000 [] \$5   |                                 |                           |                                   |                     |     |    |
| I. Did you begin operations within   | the last 12 months? If          | f yes, specify date:      |                                   |                     |     |    |
| 10 ARE YOU A MEMBER OF AN ASSO   | CIATION OR OTHER I              | EMPLOYER GROUP            | THAT ENGAGES IN COLL              | ECTIVE BARGAINING   | ??  |    |
| [ ] YES [ ] NO (If yes, name and address of association or group).   |                                 |                           |                                   |                     |     |    |
| 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS  |                                 |                           |                                   |                     |     |    |
| NAME   | TITLE                           |                           | IL ADDRESS                        | TEL. NUM            | BER |    |
|  |                                 |                           |                                   |                     |     |    |
| 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE  |                                 |                           |                                   |                     |     |    |
| NAME AND TITLE (Type or Print)   | SIGNATURE                       |                           | E-MAIL ADDRESS                    |                     | ATE |    |
|  |                                 |                           |                                   |                     |     |    |
|  |                                 |                           | I                                 | ı                   |     |    |

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

## NATIONAL LABOR RELATIONS BOARD

## NOTICE OF APPEARANCE

| International Alliance of Theatrical Stage Employees and IATSE Local 871   |   |
|--|---|
| and Radical Media, LLC and Biscuit Filmworks, LLC  | CASE 31-CB-192722<br>31-CB-192727<br>31-CB-192754<br>31-CB-192761           |
| EXECUTIVE SECRETARY NATIONAL LABOR RELATIONS BOARD Washington, DC 20570  | GENERAL COUNSEL NATIONAL LABOR RELATIONS BOARD Washington, DC 20570         |
| THE UNDERSIGNED HEREBY ENTERS APPEARANCE AS REPRESENTAT International Alliance of Theatrical Stage Employees   | IVE OF  |
| IN THE ABOVE-CAPTIONED MATTER.   |   |
| CHECK THE APPROPRIATE BOX(ES) BELOW:  REPRESENTATIVE IS AN ATTORNEY  IF REPRESENTATIVE IS AN ATTORNEY, IN ORDER TO ENSURE TO CERTAIN DOCUMENTS OR CORRESPONDENCE FROM THE AGENCY IN BOX MUST BE CHECKED. IF THIS BOX IS NOT CHECKED, THE PARTY OF DOCUMENTS SUCH AS CHARGES, PETITIONS AND FORMAL DOCUMEN CASEHANDLING MANUAL. | ADDITION TO THOSE DESCRIBED BELOW, THIS WILL RECEIVE ONLY COPIES OF CERTAIN |
| (REPRESENTATIVE INFOR  | MATION)   |
| NAME: Jacob White  MAILING ADDRESS: 10045 Riverside Dr.  Toluca Lake, CA 91602   |   |
| E-MAIL ADDRESS: jwhite@iatse.net   |   |
| OFFICE TELEPHONE NUMBER: 818-980-3499  |   |
| CELL PHONE NUMBER:   | <sub>FAX:</sub> 818-980-3496  |
| SIGNATURE: (Please sign by ink.) 2/14/17   |   |

 $<sup>^{\</sup>rm I}$  if case is pending in Washington and Notice of appearance is sent to the general counsel or the executive secretary, a copy should be sent to the regional director of the region in which the case was filed so that those records will reflect the appearance.



# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

REGION 31 11500 W Olympic Blvd Ste 600 Los Angeles, CA 90064-1753

Agency Website: www.nlrb.gov Telephone: (310)235-7351 Fax: (310)235-7420

May 2, 2017

Jacob White, West Coast Counsel International Alliance of Theatrical Stage Employees 10045 Riverside Drive Toluca Lake, CA 91602-2543

Re:

1) International Alliance of Theatrical Stage

Employees 2) IATSE, Local 871 (Radical

Media, LLC)

Case 31-CB-192727

Dear Mr. White:

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very traffy yours,

**'** /

Brian

Acting Regional Director

cc: Michael F. Miller, Vice President IATSE
10045 Riverside Dr
Toluca, CA 91502-

Leslie Simon, Business Representative IATSE, Local 871 4011 W Magnolia Blvd

Burbank, CA 91505-2833

Cathy Shannon Radical Media, LLC 1630 12th St Santa Monica, CA 90404-3710 Scott Witlin, Attorney at Law Barnes & Thornburg LLP 2029 Century Park East, Suite 300 Los Angeles, CA 90067-2904

Cathy Shannon Radical Media, LLC 435 Hudson Street New York, NY 10014

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